

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		68904	1/8/00
O.I.P.E. CLASSIFIER		12	1/19
FORMALITY REVIEW		71622	23.00
RESPONSE FORMALITY REVIEW		71622	4-18-00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 -+ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	11/19/03
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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